



Return to:  
Talbot County  
Community Center  
10028 Ocean Gateway  
Easton, MD  
410-770-8050

BHCP

# Swim Lessons

## 2016 EVENING (Check Level & Session)

☐ **Me & My Little One (18 Months-2 Years)**

Fee: \$40 **Monday - Thursday** 6:00 PM -6:30 PM

- ☐ **Session 1** July 11- July 21
- ☐ **Session 2** July 25- Aug 4
- ☐ **Session 3** Aug 8- Aug 18

☐ **Water Exploration I (Ages 3 & Up)**

Fee \$40 **Monday - Thursday** 6:00 PM -6:30 PM

- ☐ **Session 1** July 11 - July 21
- ☐ **Session 2** July 25- Aug 4
- ☐ **Session 3** Aug 8- Aug 18

☐ **Fundamental Water Skills II (Ages 3 & Up)**

Fee: \$40 **Monday-Thursday** 6:30PM -7:00 PM

- ☐ **Session 1** July 11 - July 21
- ☐ **Session 2** July 25- Aug 4
- ☐ **Session 3** Aug 8- Aug 18

☐ **Stroke Development III (Age 5 & Up)**

Fee \$40 **Monday- Thursday** 7:00 PM- 7:30 PM

- ☐ **Session 1** July 11 - July 21
- ☐ **Session 2** July 25- Aug 4
- ☐ **Session 3** Aug 8- Aug 18

☐ **Stroke & Turn IV (Must be able to easily swim laps)**

Fee: \$40 **Monday - Thursday** 7:00 PM- 7:30 PM

- ☐ **Session 1** July 11- July 21
- ☐ **Session 2** July 25- Aug 4
- ☐ **Session 3** Aug 8- Aug 18

**Session 1- Deadline Monday, July 4th**

**Session 2- Deadline Monday, July 18th**

**Session 3- Deadline Monday, August 1st**



***Evening swim lessons are  
offered only at BHCP!***

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email \_\_\_\_\_

I am the parent / legal guardian of the above named minor. I hereby waive, release, and forever discharge all claims against the Talbot County Parks and Recreation, its employees, volunteers, commissioners or agents for damages and / or injuries which may arise from participation in the above named activity. I hereby authorize any duly licensed physician, emergency medical technician or medical facility to treat the above named minor for injuries that may be received while participating in the above named activity.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

**No refunds for swim lessons after the first day of lessons!**

For Office Use: Total Paid \_\_\_\_\_ Cash/Check/Charge \_\_\_\_\_ Date \_\_\_\_\_ Staff Initials \_\_\_\_\_